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ABSTRACT

Noting that day care is a tangible facet of American family life, this paper examines the essential components of quality child care, presents strategies for improving child care quality, and discusses social policies and issues related to quality child care. The paper first examines six criteria, proposed by the National Association for the Education of Young Children (NAEYC), for judging day care quality: (1) staff-child ratios; (2) group size; (3) caregiver qualifications; (4) caregiver stability and continuity; (5) structure and content of daily activities; and (6) space and facilities. To determine the effect of day care on young children, researchers examine progress in verbal, cognitive, and social skills, and appropriate achievement in emotional and physical health. Reviewing the literature, the paper finds that early childhood educators are concerned with the intellectual, physical, and social aspects of child development as a result of day care. The paper then details strategies for improving the quality of child care: (1) supporting low-income children and families; (2) training of child care staff; (3) accreditation of model programs; (4) fiscal regulations; (5) licensing regulation; and (6) child care information and referral. To achieve quality day care, the paper offers the following recommendations: (1) increased federal financial subsidies for low-income families; (2) upgraded compensation and training of child care staff; (3) state and local standards for child care quality; and (4) expansion of resource and referral services. Contains 78 references. (LBT)

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The Pennsylvania State University
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Study of the Factors Influencing Child's Development in Day Care Center : Developing Strategies for High-Quality Program [1]

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ABSTRACT

The number of children living in homes where both parents work, or living with a single parents who works, has increased dramatically over the last decade. The rapid growth of participation in the labor force by mothers of children under age of one has resulted in a critical shortage of quality child care arrangements for infants and toddlers. Many working parents are unable to afford adequate child-care services and do not receive adequate financial assistance for such services from employers or public sources.

The years from birth to age six are critical years in the development of a young children. High quality child care programs can strengthen society by providing young children with the foundation on which to learn the basic skills necessary to be productive workers. The quality of child care not only determines the nature of children's daily experience but also has long-lasting effects on their future development.

Well-planned staff-child ratios and group size, nurturing, trained, and stable staff, appropriate and safe physical environment, developmentally appropriate activities, parental involvement, and cultural sensitivity are the essential components of quality child care. During the past several years, the National Association for the Education of Young Children (NAEYC) has been working to improve the quality of child care. The NAEYC accreditation system covers several program components, including curriculum, physical environment, and staff qualifications and development, and specific criteria are established for each component.

There is growing concern that providing quality child care must be a high priority for state and federal legislators. The major issues and problems that need to be resolved

include: providing affordable day care, maintaining and regulating the quality child care, and subsidizing and administrating day-care services in an equitable way. In the wake of an increased awareness of the need for an adequate child care program, it is critical to develop a sound social policy that provides high quality child care services for children's continued development.

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Chapter 1

INTRODUCTION

BACKGROUND

For over a century, day care has served families in distress caused by poverty, divorce, death, and other sources of family instability. Only two decades ago, day care (i.e., the care of children outside the home by a nonrelative), existed on the margin of society (Hayes, Palmer & Zaslow, 1991). Much of day care today is embedded in this social welfare context, including nearly all day care receiving direct public support. Day care has become a visible, tangible facet of American family life. Families from nearly all economic strata, in all kinds of communities, are using day care homes and centers to help raise their children (Kinsbury, Volger & Benero, 1990).

These are several purposes of this study. The first purpose of this study is to identify and examine essential components of quality child care on the basis of six criteria by the National Association for the Education of Young children (NAEYC). The second purpose of this study is to develop various strategies for improving the quality of child care. The last purpose of this study is to discuss social policies and issues regarding the quality child care.

During the past quarter of a century, more and more women have entered the work place. Over half of the mothers of school-age children work, and one-third of the mothers of children under age three are in work place(Kanh & Kammerman, 1987). This has created unprecedented growth in the number of young children needing out-of-home child care in their early years. The large number of working mothers with young children

has emphasized the need of more and better day care, but the demand far exceeds the supply of quality, affordable day care. It is estimated that more than seven million children need such care, but approved centers can accommodate only about 1.5 million children (Hofferth, Brayfield, Deigh & Holcomb, 1991).

Day-care centers, most visible form of out-of-home care for children of working parents, have increased dramatically in the last decade. In 1977, there were about 18,000 such facilities; by 1985, the number had risen to over 61,000-an increase of 234 percent (Hofferth et al., 1991). Day care centers represent a highly diversified type of service that includes everything from a national chain with more than 1,000 day-care centers to small "mom-and-pop" operations. Increasingly, child care has become an issue in which children, parents, business, and society have a converging interest.

What children learn and how well they learn depend on the ability of parents and other caregivers to provide nurturing, emotional stability, and intellectual stimulation for children to continue on a healthy course of development (Ainslie & Anderson, 1984). With so many more children now in full-day nonparental care, a growing proportion of early childhood education is taking place in a variety of settings, not just in traditional part-day nursery schools and preschools or at home. Therefore, it is essential to focus on the quality of the child care in which children are spending much of their time. The young children in day-care centers need good care to ensure their proper education and development and to prepare them for productive lives. Successful development depends on the quality of a child's early experiences. Therefore, poor- quality care during this period can hamper what and how well children learn, their readiness for formal schooling,

and their future success in school, at work, and as citizens (Scarr, Eisenberg & Deater-Deckard, 1994).

A brief overview of this paper anchors the following points. Chapter 1 addresses the current status of child care, social need of out-of-home child care, and the importance of quality child care that affects a child's short-term and long-term development. Chapter 2 reviews various literature regarding: (a) need for quality child care, (b) effects of quality child care on the children's development: physical, intellectual, social and emotional development, and (c)six criteria of quality child care: staff-child ratios, group size, caregiver qualification, caregiver stability and continuity, structure and content of daily activities, and physical setting. Chapter 3 explores various strategies for improving the quality of child care. Subsection will address: (a)supporting low-income families and children, (b) training of caregiver: in-service and pre-service education, (c)accreditation of model program, (d) fiscal regulation, (e) licensing regulation, and (f) child care information and referral. Chapter 4 provides summary and conclusion of this paper. It will also recommend ways in which policy statement addresses a broad set of issues that must inform both public and private decisions on quality child care. Specifically, Chapter 4 discusses the respective roles and responsibilities of business, government, communities, and parents to meet the nation's growing child care needs.

Needs of Study

The needs for this study are as follows: (a) current social demand for and supply of child care, (b) availability and affordability, (c) importance of quality child care, (d)

effects of quality child care on child's development, and (e) strategies for improving of quality child care.

First, to understand the current needs for child care, there should be an overview of the role today's mothers play in the family economy. According to recent labor statistics, in 1987 67% of women with children under the age of 18 were in out-of-home work force, as compared to only 39% in 1970(Rustici, 1995). Part of this change is accounted for by the increase in the number of single-parent families. Regardless of whether a mother chooses to work or has to work outside the home, the fact is that mothers do work and will continue to work. Their children will need supplementary care in increasing numbers (Children's Defense Fund, 1992).

Second, it is needed to understand the problems that parents have had in their search for good child care environment. Affordability can be a major obstacle for families seeking child care. In analysis of child care costs Firedman (1987) found that whereas families who are not poor allocate, on average, 10% of their income to child care, poor two-parent families spend 22%, and poor single mothers up o 32% of their income for child care. Such a mother with poor economic situation has no access to child care, no matter what facilities exist in the community, she can not afford them. Another factor limiting access to child care is the lack of available spaces for the number of children in need of care. Clearly, there is a shortage of regulated child care slots for children who need them. Complicating the shortage problem is the fact that not all child care spaces are available to children of certain age. In addition, the availability of child care is also limited by the location of facilities and their hours of operation.

Third, it is essential to search for the elements of quality child care: (a) staff-child ratios, (b) group size, (c) caregiver qualification, (d) caregiver stability and continuity, (e) structures and content of daily activities, and (f) space and facilities. What most day care research are trying to do is to determine the elements of good versus inadequate day care (Fein & Clark-Stewart, 1979). Therefore, it is important to break day care setting down into its components and to examine the effects of each factor on child's development. The day care setting has an impact on the growing children not only because they spend so much of their lives within it, but also because it so closely resembles the function of the family (Belsky, Lermer & Spanier, 1984).

Fourth, the need to improve conditions in child care centers is important to child's development. The research of Vandell and Powers(1983) indicates that children in well-designed physical environment, well-trained teachers and well-structured group size with good ratios had better social skills and better relationships with their caregivers than children in lower quality centers. Clearly various studies regarding the effects of quality settings on specific areas of children's development support the notion that quality in child care centers have both short-term and long-term effects on children's development.

Lastly, it is essential to develop professional strategies for improving the quality of child care: (a) support low-income families and children, (b) training of caregivers, (c) accreditation of model program, (d) fiscal regulation, (e) licensing regulation, and (f) child care information and referral. In designing quality child care setting, these strategies functions as a guideline to promote better outcomes for children in center-based care.

In sum, the overall goal of quality program is the creation of a growing-fostering environment. To design high quality child care center, it is necessary to understand what the quality of child care means to operate a quality program and acquire the skills that are needed to provide good care for children in day care centers. In general, program quality depends on the characteristics and training of the staff, the physical setting, and the overall support provided by society (Galinsky & Friedman, 1993). It is also important to be aware that child care is stress-producing, but that there are ways to cope with stress and thus make the job of caring for children more enjoyable and rewarding.

Purposes of Study

The purposes of this study are as follows. The first purpose of this study is to identify and examine essential components of quality child care. Following are some indicators of quality child care by the National Association for the Education of Young Children (NAEYC): (a) staff-child ratios, (b) group size, (c) caregiver qualification, (d) caregiver stability and continuity, (e) structure and content of daily activities, and (f) space and facilities. The quality of child care is associated with these criteria of interdependent characteristics will produce positive outcomes for young children care, and make them successful in school and later life. The day care setting is a very complex set which includes various interlocking factor such as child, home, peers, caregivers, and day care setting. Therefore, it is important to structure the social and interpersonal environment that surrounds children in any day care setting in a way that is conducive to their emotional and intellectual growth and development.

The second purpose of this study is to develop various strategies for improving the quality of child care. These strategies include: (a) supporting low-income families and children, (b) training of caregivers, (c) accreditation of model program, (d) fiscal regulation, (e) licensing regulation, and (f) child care information and referral. These strategies are an attempt to ensure the quality of child care. Therefore, it is important to set standards for judging quality child care and provide various government support for the quality child care through these strategies.

Lastly, the purpose of this study is to discuss social policies and issues regarding quality child care. Recent studies (e.g., Hayes & Kammerman, 1983; Kahn & Kammerman, 1987; Miller, 1990) reported a number of findings to emphasize the serious nature of problem: (a)affordability of quality child care, (b) rapid growth of participation in the labor force by mothers of children under the age of one, and (c) lack of available quality child-care services. These findings clearly indicate that the major issue and problems that need to resolved include: providing affordable day care, maintaining and regulating the quality of child care, and subsidizing and administrating day-care services in an equitable way.

Definition of Terms

It is critical to define and clarify several terms used in this paper. These terms are listed in separate sections; each one is defined.

1. Quality of Child Care(QCC)

Child-care professionals define "quality" child-care as care that promotes the physical, emotional, social, and cognitive development of children (Adams, 1990;Belsky,

1984; Blank, 1993; Children's Defense Fund, 1991). The National Association for the Education of Young Children (NAEYC) provides six criteria for the quality child care as follows:

1. *Staff-child ratios*: Staff- child ratios that vary by the age of the children and range from no more than 1:4 for infants, 1:3 for toddlers, and 1:7 for preschoolers.
2. *Group size*: Maximum group sizes in centers that range from six to eight for infants, six to twelve for toddlers, and 16 to 20 for preschoolers.
3. *Caregiver qualifications*: Caregiver education that includes training in child development.
4. *Caregiver stability and continuity*: Stability and continuity in the relationship between caregiver and child, particularly in a setting where there are multiple caregivers. Outcomes. for young children.
5. *Structure and content of daily activities*: Activities that are structures but allow flexibility so that children can make choice.
6. *Space and facilities*: Organized and orderly space, with well-differentiated areas for different activities and age groups of children.

2. Child Care Learning Environment (CCLE)

The child care learning environment can be defined as all the indoor and outdoor space within children move and interact while at the facilities (Fein & Clark-Stewart, 1979). The physical features of all indoor and outdoor space should be designed to optimize developmental safety. For examples, arrangement and examination of

furnishings, equipment, and displays are important indoor considerations. Safety checks, design, and play ground equipment are important outside considerations. A good learning environment for young children is one that integrates both the outdoors and indoors to provide maximum learning opportunities.

3. Physical and Developmental Care(PDC)

Physical care is defined as tasks that an adult performs to meet the basic physical needs of a child (Robinson, Robinson & Holm,1979; Shiller, 1990). Healthful surroundings, attention to nutrition and safety precautions are essential to the physical and emotional well-being of young children. Developmental care includes sound physical care and efforts on the part of the adult to stimulate the child's physical/motor, cognitive, language, and social/emotional development (Vandell, Henderson & Wilson, 1988). The physical and developmental care provide the basis for understanding in the integrated nature of quality child care.

Limitations of Study

There are several limitations of this study. First, it is difficult to determine with certainty how much it might cost to carry out high-quality care and what the specific outcomes will be for the healthy development of children.

Second, a major barrier to developing practical solutions is the lack of hard data on such critical issues as how many children are now receiving inadequate service.

Finally, there are the lack of government subsidies to low-income families. Low-income disadvantaged children are most in need of care that meets their developmental and educational needs but are the least likely to get it. Federal child care subsidies should be distributed more equitably to provide a greater proportion of financial assistance to low-income, rather than higher income families. In addition, the access of low-income working parents to full-day high-quality child care should be improved.

In sum, despite the obvious lack of sufficient data, improving child care will clearly continued to be a critical issue. Building a child care system that does a better job of serving both the short-term and the long-term interests of children, parents, business, education, and society will require more coherent and comprehensive programs and policies.

Chapter 2

REVIEW OF THE LITERATURE

All day care shares one common purpose: to provide care for the children of absent parents. Beyond that, a day care program, depending on its secondary purposes, may provide other services to parents, special programs for children, or serve as a vehicle for providing a range of services to families and communities. However, these services should not be taken as an indication of quality or lack of quality-only of the range of services. In other words, comprehensive programs are not necessarily better day care, only more comprehensive. This point is important because too often attention is focused on the range of services rather than on the quality of the essential service-daily care for children.

The quality of day care involves more than looking at the effects on children. Day care has important effects on parents, the family, and society (Belsky, 1984). Day care is a very complex environment and is likely to have complex sets of effects on children, family, and society. The problem for day care research is not to determine whether day care is good or bad. Rather, it is to determine the components of good versus inadequate or undesirable day care (Honig, 1990).

With so many children in full-day nonparental care, a growing proportion of early childhood education is taking place in a variety of settings, not just traditional part-day nursery schools and preschools or at home (Glickman & Springer, 1978). Therefore, it is essential to focus on the quality of child care programs in which children are spending so much of their time. Research on the quality of child care has tried to identify a set of

characteristics that promote a better and more positive outcomes for children. There is a consensus among both academic researchers and professional practitioners on six criteria that promote better outcomes for children in center-based care: *staff-child ratio, group size, caregiver qualifications, caregiver stability and continuity, structure and content of daily activities, and space and facilities* (Brayfield, Deigh & Hofferth, 1993; Children's Defense Fund, 1992; Dombro, 1995).

The need to provide quality child care has been recognized and emphasized in recent years. Quality care includes many different factors that makes a child care setting advantageous to a child's growth and development. In order to provide the basis for understanding the integrated nature of quality child care, this chapter first describes the need for quality child care. Second this chapter examines the effects of quality child care on the children's development, and finally it focuses on the six criteria of quality child care.

Need for Quality Child Care

The family is in the midst of many changes. These include increasing numbers of mothers becoming involved in the labor force, high rates of divorce and remarriage, and declining family income (Dombro, 1995). Among the most profound changes in the labor force is the increase in the percentage of employed mothers with the very young children. Between 1950 and 1980, the number of women with children under age of six doubled (Hofferth et al., 1991). Furthermore, 51% of mothers with children under the age one are working either full or part-time (Galinsky & Friedman, 1993). Projections reveal

that this rate of growth will continue to produce an estimated 20 million school age children need care after school hours (Children's Defense Fund, 1992).

Related to these changes is the increasing demand for and provision of child care. One major consequence for children of the increasing numbers of women entering the labor force, either for reasons of personal fulfillment or economic need, is that they are being cared for by persons other that their parents. Such increased reliance upon nonmaternal, supplementary child care has the effect of altering both scientific concerns for, and public attitudes toward, child care. The consensus among child developmental experts is that nonparental child care per se is not harmful to the development of children. However, the experts also agree that the quality of child care does matter (Clark-Stewart, 1993). Most notably, an enriched child care environment can significantly enhance developmental outcomes among children from disadvantaged backgrounds (Blank, 1993; Bredekamp & Willer, 1992).

As more families place young children in day care, child-development experts have become concerned about the quality or child care. In reality, young children are being placed in care whose quality varies widely. Among all socioeconomic groups and in all regions of the country, some children are being cared for in enriching settings, and some are being cared for in low-quality settings; the majority of children are cared for in settings that are neither enriching nor likely to be detrimental to the welfare of the children (Galinsky, Friedman & Hernandez, 1991). The next section will examine how the quality of child care effects on the physical, intellectual, emotional and social development of children in day care center.

Effect of Quality Child Care on Children's Development

The point of efforts to define quality child care is to insure a place where children can continue their course of development while away from home. That is, they should progress in verbal, cognitive, and social skills, and achieve appropriate emotional and physical health. Development is multifaceted, and assessment tools are limited. Research can only focus on those areas for which assessment areas have been devised.

The first area addressed by research is "intellectual development". Some researchers (e.g., Belsky, 1984; Clark-Stewart, Gruber & Fitzoerald, 1994) suggest that high quality care has a positive effect on the children's intellectual development, but there are no long-term studies to see if reported cognitive gains are likely to last beyond the child care years. Because intelligence is a relatively stable trait, it is unreasonable to hope that quality child care will turn young children into geniuses.

During the past ten years, researchers have been attempting to determine if day care has a significant effect on the intellectual development of children. These studies (e.g., Clark-Stewart & Gruber, 1984; Cummings & Beagles-Ross, 1984; Francis & Self, 1982) concluded that children from underprivileged families who receive little intellectual stimulation from their parents do benefit from the learning they acquire at a day- care center where attempts are made to awaken curiosity and encourage discovery.

Some studies(e.g., Arnett, 1989; Dunn, 1993; Howes & Rubenstein, 1985; Vandell & Powers, 1983) indicate that in most day-care centers there is little opportunity to be alone and to do nothing. The environment is not conducive to letting children explore inner thought that are the foundation for becoming creative adults. Children are sensitive to group pressure, and they want to avoid the possibility of being ostracized if

they do not join in group activities. The fear of being different undermines the expression of individuality and blocks creative endeavor. Studies of group care in other societies (Clark-Stewart & Gruber, 1984) suggest that when children are raised in groups apart from their parents for considerable periods of time, creativity and independent thinking do not develop.

Second area is "physical development". Good physical care is essential for all children and is particularly important in infant day care. Healthful surroundings, attention to nutrition and safety precautions are essential to the physical and emotional well-being of young children. Studies (e.g., Howes, Smith & Galinsky, 1995; Travers, Goodson & Singer, 1976) indicate that children from poor families undergo an acceleration in physical development and motor activity as a result of enrollment in well-designed day care facilities. Day-care centers usually provide nutritious food that helps children gain weight and grow more rapidly, while motor activity and muscular coordination are improved due to good physical environment and program. However, the ultimate health risk factor is the age of the child and the size of the center. Children in day care are at a significantly higher health risk than are home-reared children due to the fact that a large number of youngsters are brought together at an age when they are highly susceptible to infection (Children's Defense Fund, 1989; Children's Defense Fund, 1990; Meadows, 1991).

The third area is "social development". Child-development studies(e.g., Belsky, 1984; Blank, 1993; Clark-Stewart & Gruber, 1984; Francis & Self, 1982) have found that most children who are cared for in group settings develop social skills rapidly; they look after themselves, are independent and socially competent. In general, day-care children

tent to be less tractable and polite than children who are raised at home. For example, day care children performed thirteen times as many aggressive acts as home-reared children of the same age. Acting-out hostility is part of normal development; children under age three express anger in aggressive, physical ways. The lack of privacy and close interaction with other children tends to increase the likelihood of aggressive behavior in day care centers.

The last area is "emotional development". The concern about day care stems from the fact that the child is deprived of a continuing, sensitive and reliable tie to the mother and will therefore suffer feelings of insecurity (Cummings & Beagles-Ross, 1984). The emotional adjustment to day care is less precarious when the substitute care is given by one caregiver who can provide continuous and loving attention to one infant. When a caregiver attempts to care for more than one or two infants, the risk of emotional damage begins to increase significantly. Regardless of the type of day care, researchers (e.g., Ainslie & Anderson, 1984; Francis & Self, 1982; Honig, 1983) agree that a warm, consistent and nurturing relationship with the caregiver is the most important factor in determining if children are emotionally fulfilled or damaged by the day-care experience.

In sum, there are marked differences among experts as to the effects of day care on children's development. However, there is general agreement that all children are entitled to quality child care. What then are the determining factors of quality child care? The next section will identify six criteria of quality child care: (a) staff-child ratio, (b) group size, (c) caregiver qualifications, (d) caregiver stability and continuity, (e) structure and content of daily activities, and (f) space and facilities.

The Essentials of Quality Child Care: NAEYC' Six Points

In spite of the need for additional information about the impact of different quality factors on the children's development, there is a consensus among both academic researchers and professional practitioners on six criteria that promote better outcomes for children in center-based care. The National Association for the Education of Young Children (NAEYC) developed the following six professional standards to accredit the quality child care: (a) staff-child ratio, (b) group size, (c) caregiver qualification, (d) Caregiver stability and continuity, (e)structure and content of daily activities, and (f) space and facilities.

Staff-Child Ratio

Good quality child care can be provided only if the caregiver is not responsible for too many children. The number of children cared for by a single staff member is a key determinant of the quality of child care. Staff-child ratio refers to the number of adult staff members there are to care for the total number of children in a child care setting (Dunn, 1993). This ratio includes caregivers regularly assigned to groups of children, those who may circulate among groups or conduct special activities, and the director or head teacher of a large center.

High staff -child ratios are indicative of quality care and thus are best for children. The National Child Care Survey (Hofferth et al., 1991) indicates that small group size and appropriate caregiver training were more closely associated with positive outcomes for children. On the other hand, the National Child Care Staffing Study (Whitebook, Phillips & Howes, 1993) found that ratio were definitely linked to the overall quality of care.

Numerous studies(e.g., Dunn, 1993; Francis & Self, 1982; Honig, 1990; Sciarra & Dorsey, 1979; Shiller & Dyke, 1990) have documented that infants in child care programs with high staff-child ratios exhibit more distress, more apathy, and are in more situations that involve potential danger. Toddlers in such programs are less likely to be talking and playing, and less likely to be closely attached to caregiver. Furthermore, low staff-child ratios can improve children's behavior and development. Studies (e.g., Belsky, 1984; Dunn, 1993) on child development recommend that, in order to provide good quality child care, a single caregiver be responsible for no more than three or four infants, four or five toddlers, or ten preschool-age children.

Although the evidence on the importance of the staff-child ratio for the development of children is mixed, staff-child ratio appears to be very important for the development of infants and toddlers. An individual adult is capable of interacting in a sensitive and stimulating way with only a limited number of children at one time. The majority of studies (e.g., Belsky, 1984; Dunn, 1993; Francis & Self, 1988; Whitebook et al., 1993) on staff ratios indicate that when caregivers have fewer children to care for, children's performance improves.

Group Size

Group size refers to the number of children who form a cluster within a large setting, such as a day care center (Dunn, 1993). Depending on the staff-child ratio, a group may have one, or two, or more caregivers. The National Child Care Survey (Whitebook et al., 1993) identified that limited group size as one of the significant contributor to positive developmental outcomes. Group size is a significant indicator of

the quality child care. Fewer children per caregiver make management of the group easier, and there is less stress for both the children and the caregiver. Children in small group are more cooperative and responsive to adults and other children. They are less likely to wander about aimlessly, and score high on standardized tests than do their peers in large groups.

Researchers (e.g., Belsky, 1984; Clark-Stewart & Gruber, 1984; Dunn, 1993; Olmsted & Weikart, 1989) on group size indicates that it has a significant effect on children's intellectual development. The quality of the interaction between caregiver and child is the strongest predictor of children's language and late intellectual development (Belsky, 1984; Dunn, 1993). The quality and nature of caregivers' speech are particularly important for language development, and research shows that children clearly profit from verbally stimulating environment in which adults talk frequently with them (Whitebook et al., 1993). Children also gain in cognitive development when caregivers provide more individualized attention, manage activities in a structured way, and engage in more social interaction with the children.

It may be that group size restrictions based on developmental level allow caregivers to function in a more orderly manner within the coping abilities and needs of the children in care. As in the case of staff- child ratios, staffing and grouping patterns have a greater potential for affecting the quality of a child's actual environment than do numbers alone (Dunn, 1993). Restrictions on group size by age may help staff pay attention to the differing needs of children of various developmental levels. Thus the establishment of staff-child ratios and groups size restrictions is necessary despite the

limited knowledge base. Not only are these factors more easily regulated than staffing patterns, but they do contribute in some way to the quality of care delivered.

Caregiver Qualification

The caregiver is the very center of the child's environment and experiences during the hours of supplementary care. She is responsible for the day-to-day operation of the center. Regardless of the type of day care, whether in a large commercial or a small community based center, the function of the caregivers is the same: to provide intellectual stimulation, encourage the children's social skills and promote emotional development (Epstein, 1993).

Successful development of children in child care is largely determined by the quality of the relationship with the caregivers (Honig, 1983). Some are inclined to be warm and affectionate, and physically demonstrative, but are not very effective in getting children to do what is expected. Others are inclined to be less demonstrative and place emphasis on teaching children to conform to certain standards of behavior (Arnett, 1989).

Certain forms of caregiver behavior are decidedly harmful. Among the most detrimental are the following (Powell & Stremmel, 1989; Robinson, Robinson & Holm, 1979; Sciarra & Dorsey, 1979):

- Screaming or yelling at children.
- Hitting, pushing or shaking a child.
- Making fun or ridiculing a child.
- Permitting other children to ridicule child.

- Scolding, criticizing or threatening a child.
- Leaving children unattended, for any reason.

Certain forms of caregiver behavior are decidedly positive and promote the well-being of the child. Among these positive behaviors are the following (Joint Collaborative Project of the American Public Health Association & American Academy of Pediatrics, 1992, pp. 45-51):

- Giving affectionate physical contact to a child.
- Suggesting activity to the child.
- Responding verbally to a child's speech.
- Fostering development of a child's gross motor skills.
- Praising and encouraging a child's attempts to learn.

Researchers (e.g., Arnett, 1989; Epstein, 1993; Whitebook et al., 1993) found that caregivers with specialized training and higher education interacted with children in positive behavior- praising, comforting, questioning and responding to them. In order to provide for the basic needs of children, caregivers need some kind of practical training and supervised experience in quality setting such as the Child Development Associate (CDA) credential program, in-service and pre-service training (Hofferth et al., 1991).

In sum, upgrading caregiver quality is one of the most important determinants of the quality of child care. Researchers (e.g., Harris, 1989; Honig, 1983; Howes et al., 1995) show that training in areas such as child development and early education increase

the likelihood that caregivers will be effective in promoting the full and healthy development of children.

Caregiver Stability and Continuity

The most important aspect of quality is the relationship between the child and the caregiver. Ideally, this should be a caring, safe, and stable relationship in which the child learns about himself or herself and how to get along well with others (Honig, 1981).

Stability of day-care center's staff is conducive to good quality care. Stable care has been associated with positive longer-term development and better school adjustment in the first grade (Ainslie & Anderson, 1984; Arnett, 1989). On the other hand, multiiple changes in child arrangements have been found to have negative effects on children, including creating less secure attachment to the mother and lower levels of complexity in play (Cumming & Beagles-Ross, 1984).

Although stability of relationships is extremely important, turnover among child care workers tends to be very high. Average annual turnover for teachers in all child care programs is 25 percent (Fleischer, 1985; Olmsted & Weikart, 1989; Whitebook et al., 1993). Low salaries, lack of benefits, and the absence of a clear career path are often cited as leading factors in this high turnover. The National Child Care Staffing Study (Whitebook et al., 1993) found that poor quality care is linked with the inadequate compensation available to child care teaching staff. Unless efforts are made to improve the compensation of caregiver staff, children will continue to experience highly unstable child care. Therefore, it is critical to develop various recommendation that child care teaching staff salaries be raised.

Structure and Content of Daily Activities

There are a variety of approaches to education for young children. While researchers have not identified one model as being better than another, it is important that programs have established goals for children. Educational programs should be sensitive to the age group of children they serve, and the individual needs of each child in group (Clark-Stewart, 1993).

Careful planning and scheduling are essential to all early childhood curriculums. Their main purpose is to meet the objectives of the program. That is, planning and scheduling should facilitate the presentation of what children must learn in all developmental areas, for example, psychomotor, cognitive, and affective area (Clark-Stewart, 1993). More specifically, in order to meet program objectives, planning and scheduling are essential (Joint Collaborative Project of American Public Health Association & American Academy of Pediatrics, 1992):

1. To provide continuity in learning.
2. To help children overcome learning deficits.
3. To help meet children's special needs.
4. To balance the day between skill areas such as social studies, science, music, and art; between times of strenuous activity and of relaxation; and between occasions for self-expression and for group conformity.
5. To improve coordination of staff task.
6. To expedite the use of materials and equipment.
7. To prevent emergencies that arise because activities are either too easy or too difficult, or children are too tired or too excited; because of inadequate

supervision; or because too many, too few, or the wrong materials and equipment have been made available.

As part of planning and scheduling, decisions must be made as to grouping. Grouping arrangements help provide the best ways to meet the needs of individuals and of the group via sequence of content, methodology, and assessment techniques (Sciarra & Dorsey, 1979). Grouping, or organization children for learning, is an attempt to aid individual development in a group setting. Grouping has been devised to make caring for and teaching children more manageable and effective. There is no consensus as to the best grouping practice. However, instructional and scheduling plans are determined to a great extent by grouping patterns. The following grouping patterns are common (Clark-Stewart, 1993, pp. 79-83; Reynolds, 1990, pp. 10-12):

1. *Teacher-directed group activity*: teacher leads an activity in which the children engage as a group. Children are expected or required to participate.
2. *Teacher-directed individual activity*: teacher plans all activities. Children are encouraged to stay on individual tasks and use materials in a specific way.
3. *Free play*: Children are free to choose among all activities without teacher's prior preparation.
4. *Free choice*: Children are free to arrange activities, but teacher try to find ways to stretch children's thinking in chosen activities and expand interests in other activities.

In centers where staff feel it is important for children to be engaged in activities of their own choosing, *free choice* or *open structure* will be most frequently used (Clark-Stewart, 1993). In centers where adults feel that they should make most of the decisions

about how children their time, *teacher-directed activity* or *close structure* are frequently used (Clark-Stewart, 1993).

The advantages of effective closed structure lies in its clarity of expectations, its opportunities for a child to experience him-or herself as an important part of a group, and the practice involved in attending to adult input (Kostelink, Stein, Soderman & Whirren, 1993). The advantages of effective open structure lie in its ability to foster initiative and reward child-child relationships and in the opportunities for mobility and sensory stimulation(Anderson, 1994). On the other hand, since closed- structure setting requires much listening, obeying, and imitating, it seems important to build in a high degree of softness. Open -structure setting can easily become disorganized and boring, both for adults and children. Thus, this setting requires well-developed space and staff who know how to facilitate, problem-solve, and keep track of children. Therefore, closed-structure programs, of course, are planned, but planning must also take place in open-structure programs if they are to be effective (Clark-Stewart. 1993).

The long-range goals contained in a program's philosophy are explicitly defined in terms of objectives and reflected in daily plans. Planning activities is essential regardless of the type of early childhood program. In developing daily activities, all daily activities should be related to children's physical care and developmental or interest component (i.e., any activities not directly related to physical care) (Anderson, 1994).

In sum, whether an open or a closed program has been chosen, the staff should develop some objectives. Objectives are essential because they serve as the rationale for the program and allow sequencing of learning activities, serve as guides for selecting equipment and materials, suggest ideas for and arrangement of the prepared environment,

and determine the form and content of assessment. However, the specificity of the objectives often varied with the amount of program structure; in some highly closed programs, all objectives are teacher prescribed, and in some open programs, children are involved in planning objectives.

Space and Facilities

The child care learning environment can be defined as all the indoor and outdoor space within children move and interact while at the facility (Clark-Stewart, 1993). The physical environment in which the children spend many hours each day has an important bearing what the day-care experience means to them. Children respond to the physical environment and to the behavior of people in it. Thus, the physical environment can influence children's behavior by designing challenging, cheerful, and secure environments that meet the various needs children have at different times (Robinson, et al., 1979).

The amount of space available to each child is usually set by an official licensing agency and specifies more than 35 squares feet per child (Feinm & Clark-Stewart, 1978). When space is more limited, children become more aggressive, more destructive and engage in random physical activity (Sciarra & Dorsey, 1979). Space that is properly organized allows special areas where different activities can be carried out. The learning environment in the child are facility encompasses all of space, both indoors and outdoors, in which the child interacts (Reynolds, 1990). The indoor learning environment includes the environment specifically designed for learning activities, as well as areas such as eating area, storage area, and bath area. The outdoor environment includes play

equipment and toys. All natural and artificial objects and structures (slopes, rises in the ground, and so on) are part of child's learning environment.

Equipment is also important component of good-quality child care. A plentiful supply of material leads to more cooperative and constructive play (Anderson, 1994). If there is adequate physical space and if a variety of equipment is available, children have choices and caregivers are apt to interact with children.

In sum, the physical environment has an effect on the development of child. A well-planned, child-oriented physical environment can facilitate growth and development (Fein & Clark-Stewart, 1979). When designing the physical environment, special attention should be given to addressing the child's physical/motor, cognitive, language, and social/emotional development, as well as satisfying his curiosity needs.

Summary

Six criteria have been suggested as critical in determining the quality of child care: (a) staff-child ratio, (b) group size, (c) caregiver qualification, (d) caregiver stability and continuity, (e) structure and content of daily activities, and (f) space and facilities.

Staff-child ratio, group size, and caregiver qualification are associated with the level and quality of the interaction between the child and the caregiver. Caregiver stability and continuity are more important determinants of a child's ability to develop secure attachments with parents and caregivers and of his or her ability to adjust to schooling in the future (Ainsli & Anderson, 1984). The structure and content of daily activities are associated with the cognitive development (Clark-Stewart & Gruber, 1984). Finally, adequate space and facilities can have a positive effect on social interactions and development (Clark-Stewart, 1993; Clark-Stewart & Gruger, 1984). Studies (Arnett,

1989, Belsky, 1984; Clark-Stewart, 1993;Dunn, 1993; Dombro, 1995) identified six criteria that represent the consensus on quality child care:

- Minimum staff-child rations that vary according to the age of the child, ranging from 1:4 for infants from 1:7 for preschoolers.
- Maximum group sizes in centers, ranging from six to eight for infants to 16 to 20 for preschoolers.
- Requirements that caregiver training include child development training.
- Structured activities that are flexible enough to give children freedom of choice.
- Organized and orderly space and facilities for different activities and for groups of children of different age.

What this review suggests is that it is not where the child is reared but how he or she is cared for. Day care is indeed a matter on which there are still unanswered questions. However, there is general agreement that all children are entitled to quality child care. It is essential to set standards for judging the quality of child care programs and help working parents choose various kinds of day care for children's physical, intellectual, social and emotional development. Therefore, Chapter 3 will explore various strategies for improving the quality of child care.

Chapter 3

STRATEGIES FOR IMPROVING THE QUALITY OF CHILD CARE

In the preceding chapter, three main research areas were described: (a)need for the quality child care, (b)effects of quality child care on children's development, and (c) essential components of quality child care: *staff-child ratios, groups size, caregivers qualification, caregiver stability and continuity, structure and content of daily activities, and space and facilities*. In Chapter 3, several strategies are explored for improving the quality of child care available to children and families. These critical strategies discussed in this chapter include: (a) supporting low-income children and families: Head Start program and Family Support Act, (b) training of child care staff : in-service and pre-service education, (c) accreditation of model program, (d) fiscal regulations, (e) licensing regulation, and (f)child care information and referral.

Supporting Low-Income Children and Families

The first form of professional development strategy for the quality child-care is to support low-income children and families. Recent studies of the supply of and demand for child care indicate that there are evidence of significant excess capacity in family day care-settings, but shortages of infant care in all types of settings and a tight supply of center-based care (e.g., Hofferth et al.,1991;Honig, 1990). The child-care market does not operate effectively to match parents with providers who meet their needs. The quality of care is highly variable and often inadequate (Olmsted & Weikart, 1989). Moreover,

despite the low average hourly costs of child care ,for example, $1.40 per hour for center-based care(Hofferth et al., 1991). The total cost of care consumes an average of 10% of family income. For low-income families, child care often consumes 23 percent of their family income (Hofferth et al., 1991). Low-income families spend a greater portion of their incomes on the child care than do wealthier families (Children's Defense Fund, 1991). Clearly, parents must limit their child care search to care within their price range. The child-care choices of low-income families are often limited to relatives who charge little or nothing for their services or to centers that receive Social Service Block Grant (Title XX) funding (Blank, 1993).

There are two major strategies required to improve the access of low-income families to better -quality care: (a) Head Start program and (b) Family Support Act(FAS). These programs will provide access to the comprehensive education, health, and social services most needed by low-income children and families and will conform more closely to the scheduling needs of working parents (Bredekamp & Willer, 1992). The next subsection will address Head Start program and Family Support Act (FSA) as a possible solution for improving the quality of child care of low-income children and families.

Head Start Program

In their first five years, disadvantaged children are most in need of an environment that addresses both their developmental and their educational needs because they are less likely than middle-class children to get adequate nurturing at home. Since the federal Head Start program has been launched in 1965, it currently serves over 400,000 as a full-year program (Kahn & Kammerman, 1989).

Head Start is by far most important and extensive early childhood education program designed to improve the school readiness of disadvantaged children (Howes et al., 1995). From beginning, Head Start received strong support from the federal government. Although Head Start was delegated to the Office of Economic Opportunity in 1965, the Office of Child Development in the Department of Health, Education, and, Welfare took it over in 1969. Today Head Start is part of the Administration for Children, Youth, and Families in the Department of Health and Human Services (Children Defense Fund, 1989). Head Start program has four main components: education, health (i.e., medical and dental, nutrition, and mental health), parent involvement, and social services (Children Defense Fund, 1990). The program helped to improve children's health, their emotional, social, and motivational development. In addition, the program encouraged children and families to gain greater confidence, self-respect, and dignity by emphasizing strong parent involvement.

In carrying out its policy of comprehensive developmental services to children of low-income families, Head Start provides children with a center-based or home-based program. Head Start experience showed that the needs of children vary considerably among communities and that programs should be individualized to serve needs most effectively. Therefore, Head Start permits and encourages local sponsors to develop and implement options that include(Children's Defense Fund, 1990): (a) the standard Head Start model (i.e., a five-day-a-week, center-based program), (b) variations in center attendance (i.e., a center-based program that operates less than five days a week, (c) double session center-based program, (d) home-based (i.e., combines home visits and group experience), and (e) locally designed variation.

Head Start has been a successful approach to help needy children and their families develop, learn and grow by following two common perspectives.

First, Head Start program provided the children of low-income families with comprehensive services, including the health screening, immunization, and nutritional services. Because low-income children especially need at least an equal start in preparing for their school experiences, the program provided high-quality preschool services. Finally, Head Start program helps families avoid unnecessary stress by providing preventive services such as family counseling, assistance to family members in coping with the problem, and referral to government assistance programs such as food stamps.

Second, Head Start program helps parents see themselves as the primary teachers and advocates for their children. The program enlists parents as partners in the children's learning experiences and as positive role models, helping them fulfill those roles by enhancing their own abilities to succeed. For many parents, involvement in Head Start leads to self-sufficiency through the self-respect they build and the skills they learn.

In sum, Head Start is considered highly successful for the following reasons (DeWoody, 1994, pp. 141-144; Levitan & Alderman, 1975, pp. 83-105):

1. Parents are highly involved. For every five children enrolled, at least four Head Start parents provided a volunteer service. Also, Head Start has been endorsed by 95 percent of the parents.
2. Twenty-five percent of Head Start staff has professional training.
3. Schools have the programs that follow up on the Head Start program.

In addition, in order to improve the quality child care of low-income children and families, the government needs to allow state and local communities to coordinate the

variety of child care and education options for poor children. These options include Head Start program and funding though the various block grant program. In turn, families can use a single program that both provides full-day care and meets the developmental needs of their children.

Family Support Act

The Family Support Act(FSA) programs were designed specifically to provide child care to parents on public assistance who receive education and training or who take jobs (Galinsky & Friedman, 1993). Since 1988 this act includes several provisions that will affect the Aid to Families with Dependent Children (AFDC) and, potentially, the regulation of child care services (DeWoody, 1994). Concurrently, states have the responsibility to guarantee the child care for those families participating in Job Opportunities and Basic Skills training(JOBS) program activities (DeWoody, 1994). The Family Support Act (FSA) requires states to provide child care during the first year of training or employment and extended child care benefits for the first year that participants are employed and off the welfare rolls (Galinsky & Friedman, 1993). The Family Support Act (FAS) also makes grants available for states to improve their child care licensing and registration requirements, to monitor child care provided to AFDC children, and to fund demonstration programs aimed at developing innovative programs for AFDC children (Peskin, Isaacs & Fairbank, 1989).

However, full implementation of the act may have several unintended effects. In some states, children from low-income families who are currently enrolled in subsidized care centers may be displaced by children whose mothers are in the FSA program. In

addition, children involved in FSA child care would be eligible for Head Start, but this may not be an option for many FSA families. Furthermore, the Federal FSA regulations have the effect of limiting the ability of states to set standards for eligible child care on the grounds that standards which are too high could exclude some categories of care and limit parental choice. Yet, parents in the FSA programs have little assistance available to help them make choices and determine the most appropriate care for their children (Children's Defense Fund, 1991). Recent studies indicate that because of deficiencies in Federal and state implementation of the FSA, a majority of eligible families are getting either no child care benefits or care of substandard quality (e.g., Children's Defense Fund, 1990; DeWoody, 1994).

In sum, there are a number of recommendations for improving the quality child care of low-income children and families. First, strong linkage should be developed between Head Start programs, FSA-approved child care options, and full-day services for other low-income children. Some of the increase in Head Start funding should be used to expand the number of full-day programs that meet the dual need for child care and intensive early childhood education for children of working parents or those who are participating in the FAS program. Funding sources should be able to be combined more easily so that more Head Start and other comprehensive preschool programs would be able to provide full-day care for children of working parents at a single site.

Second, there should be an expansion of the Head Start parent-child centers and similar family support programs to serve the comprehensive care needs of disadvantaged children from birth through age three.

Finally, whether or not they are enrolled in Head Start, it is essential that child care be linked in some way to a variety of family support services, such as parent education and support, family literacy, and health carte.

Training of Child Care Givers: In-Service and Pre-Service Education

The second strategy for improving the quality of child care is to upgrade care giver's qualification through in-service education.

Quality is a function of relationships , and these grow out of personal integrity and caring, which can not be taught (Bloom, 1988). It is strongly believed that any training aimed at increasing quality in day care needs to build on caregivers' best instincts, their own values, and their sense of what is right fir children and for themselves as adults with children (Howes et al., 1995). To sustain quality in care-giving, an adult has to feel both important and competent. Feelings of importance result from feeling affection for and receiving affection from the children in one's care and from belief in the significance of one's work (Whitebook et al., 1993). Feelings of competence come from frequent successes in one's work and from skills developed through experience and training (Whitebook et al., 1993).

The term " in-service education" is used to mean any planned program of learning opportunities afforded staff members of school, colleges or other educational agencies for the purpose of improving the performance of individual in already assigned positions (Harris, 1989).

Training of child care givers takes place both in-service and pre-service. According to Harris (1989), in-service training may be conducted on the job by

colleagues and supervisors, or it may be provided by an external source such as a college or a field training program. In-service training may be required by an employer or by licensing standards or may be voluntary. Employers may or may not choose to support voluntary opportunities such as conferences, workshops, and classes through subsidy and released time and through increases in salary or status.

Pre-service training is provided by high-school, vocational, and college programs at lower-division, upper-division, and graduate levels (Sciarra & Dorsey, 1979). Some college training is aimed primarily at technical, other training at professional competence. The next subsection will describe several in-service training programs for upgrading care giver's qualif cation.

In-Service Education

In-service training may be provided through: (a) staff meeting, (b) workshops and conferences, and (c)field-based consultation.

First, good training is individualized. In-service staff meetings required of everyone on a center staff may be useful if they provide lots of opportunity for peer interaction, for staff to ask relevant questions of each others. Sciarra & Dorsey (1979) suggested that most administrators and supervisors in day care change their old role that they have previously been accustomed to putting children's needs first. In their new roles, they need to change this focus to the needs of the adults who work directly with children, to enable them to put children's needs first.

Second, conferences for adults are like open classrooms for children. They offer a wide variety of choices. Participants can decide which sessions will meet their individual

needs and thus take responsibility for their own learning, as well as enjoy the stimulation of new people and places and the sense of being part of a large enterprise (Harris, 1989). Programs that subsidize staff members' participation in workshops and conferences are acknowledging the staffs worth and their capacity for growth.

Finally, field-based consultation and training provide opportunities for the caregiver to be observed in action (Howes et al., 1995). When observations are used skillfully by a consultant as the basis for helping caregivers think analytically about their work-in effect, to generate theory out of practice- they may serve as particularly effective form of training. Filed-based consultation is sometimes offered by college instructors, particularly in community college that offer credit for work experience. More often, it is made available through the Child Development Associate program (Olmsted & Weikart, 1989).

The Child Development Associate(CDA) credential is widely known credential of training, often cited in state regulations (Peter & Sutton, 1984). The CDA credential is awarded to experienced caregivers who demonstrate their competence in working with young children. The CDA program does not specify the content of training except in broad terms. Instead, the Child Development Associate Consortium, which is the agency that awards the credential, specifies a number of competencies and functional areas considered to be important (Howes et al., 1995). For the most part, the program is self-instructional. There is, however, a standardized CAD assessment system, on which the trainees are evaluated once training is completed.

In order to be eligible for the CDA assessment, the caregiver must have a minimum of 640 hours of experience working with preschool children and must have had

at least three "formal or informal educational experiences (Phillps, 1994)." These experiences may include anything from semester-long college courses to day-long workshops. With the help of his or her adviser, the CDA candidate prepares a portfolio documenting his or her work with children and is observed on the job by the adviser, by a parent representative, and by a national CDA representative. The adviser observes his or her work for a minimum of 12 weeks, at least 3 times in each functional areas, and the three times spaced at least three weeks apart, and making suggestions for the improvement of her performance (Phillips, 1994).

The last stage of the process involves a formal assessment by a CDA representative, who is typically an early childhood professional from the surrounding community (Morgan 1994). The CDA representative observes the caregiver for approximately three hours during the course of one day and also interviews her to clarify any aspect of the observation and to learn more about her work performance (Phillips, 1994). Then, the CDA representative, the adviser, and the parent confer and decide whether or not the caregiver should pass.

Some CDA training is offered through local colleges. In some instances, the offering is a single portfolio course. In others, a series of courses related to CDA competences is offered with credit acceptable toward an associate or bachelor's degree.

CDA credentialing differs from traditional college-based training in several ways (Epstein, 1993). First, assessment of competency is based on job performance rather than performance in college courses. Second, formal training is not a requirement. Lastly, in the assessment process, CDA credentailing values experience-based competence equally with academic based competence

In sum, the CDA credential is an important beginning in establishing a minimum level of competence for caregivers and opportunity to prepare caregivers to work effectively with children and families. However, financial resources are limited and teachers have little incentive to pursue the CDA credential. In addition, of particular concern is the rigor of the assessment process. Any assessment with a passing rate of 98 percent has to be regarded with some suspicion, especially when the training itself is so independent and loosely defined (Morgan, 1994). There is virtually no research evidence comparing the competence of caregivers with the CDA credential with that of caregivers with no training.

In addition, where state licensing requirements include college classes for all day care staff, in-service training becomes an important function of the colleges, especially he community colleges. Such colleges may serve two quite distinct populations in their early childhood programs: day students, typically young women just out of high school who may have little or no experience working with children; and evening students, employed in day care programs and winding up their long day with a three-hour class (Epstein, 1993). In -service classes need to be more than lecture. They need to provide new experiences and draw on those that their students bring to the group-to keep students awake, to respect the validity of what they already know, and to make theory practical. The next section will briefly discuss pre-service training program for improving care giver's performance.

Pre-Service Education

Pre-service education has the following main advantages over in-service training as follows (Joint Collaborative Project of the American Public Health Association & American Academy of Pediatrics, 1992). First, it offers at many colleges, experience with children in an "ideal" setting-a preschool laboratory with plenty of adults, plenty of materials, skilled teachers to serve as models, and time to talk about it all (Sciarra & Dorsey, 1979).

Second, it offers leisure for thought, the chance to try new things, the chance to focus on one child or one activity without needing to be responsible for the whole group. Being responsible is certainly a learning experience, but sometimes it makes it hard to see the forest for the trees. Being a learner, a student in a preschool is freeing. It justifies time out to think.

In sum, pre-service, like in-service training, needs to capitalize on the diversity among its students, encouraging them to learn from each others' differences and to challenge each others' assumption.

Accreditation of Model Program

The third strategy for improving the quality of child care is accreditation. Neither baseline licensing nor funding requirements can assure high quality (Olmsted & Weikart,1989). However, the existence of voluntary system for accrediting programs that are offering a high-quality program for children and parents could stimulate the filed as a whole (Bredekamp, 1989).

Typically, accreditation is a voluntary system. Several states offer accreditation processes; specialized groups, such as Montessori organization, also accredit programs.

The NAEYC's accreditation system, operated by the National Academy of Early Childhood Programs, is unique in that it is a nationally recognized system open to all center-based early childhood education programs, including before- and after-school programs (Bredekamp, 1989).

First and foremost, the goal was to develop a system that would stimulate and support lasting, ongoing improvements in the programs available to young children and their families (NAEYC, 1995a). An important-and intended-benefit of the system is that it provides a way for consumers and the general public to recognize high-quality programs (Bredekamp, 1989). However, this goal is secondary to that of achieving real and lasting improvements in programs serving young children.

Much of the initial effort in developing the accreditation process focused on consensus building as to what characteristics define high-quality programs, which became the Academy's Criteria for High Quality (NAEYC, 1995a). This criteria address all areas affecting program provision. These areas include (Bredekamp, 1987): interactions among staff and children, curriculum, staff-parent interaction, staff qualifications and development, administration, staffing, physical environment, health and safety, nutrition and food service, and evaluation.

The Criteria are applied in a three-step accreditation process (Bredekamp, 1989). The first and most important step of the process is the *self-study*. During the *self-study* process, programs judge their activities in relation to the Criteria, determine their particular strengths and areas needing improvements, and go about making needed changes. This process is designed to be collaborative and requires input from the director, teachers, and parents. It is time consuming, but directors invariably report that it

is a worthwhile investment because of the increased communication, sense of teamwork, and direct benefits for children that result from the process (NAEYC, 1995b).

The second stage of the accreditation process is the *validation.* Validators make sample observations of several classrooms, consider samplings of written records and policies, and collect additional information from the director. The validator's function is to provide a second objective view of the program, compare that with the submitted program description, and then discuss the results of the validation with the center director. This process allows the director to provide clear or additional information and gives explanations for non validated criteria (Bredekamp, 1989).

The actual accreditation decision is made by a three-member commission. Commissioners review validated program descriptions and must reach consensus as to whether accreditation is granted or deferred. Each commission is made up of a diverse group of early childhood professionals-program administrators, teacher educators, researchers, and others whose training and experience give them a national perspective on early childhood programs.

Accreditation does not set a floor for excellence, as evidenced by the fact that not all programs achieve accreditation (Bredekamp. 1989). To date, approximately 85 percent of the programs that have applied for accreditation have been accredited in their initial consideration (NAEYC, 1995a). Deferred programs are given specific guidance in the areas needing improvement and are encouraged to reapply for consideration once changes have been made. Accreditation programs are also given suggestions as to how they might improve, although obviously the need for improvement is not as extensive as in the deferred programs.

In sum, the accreditation system provides individual program with high standard and models. It also improves the quality of childhood programs in individual centers. Specifically, the Criteria of the accreditation emphasizes the characteristic of staff such as staff qualification and development. Clearly, high qualified staff leads to better programs and influences the young children's short and long term development (Meadows, 1991).

Fiscal Regulation

The fifth strategy for improving the quality of child care is "fiscal regulation". Although the standards that form the basis for legal program operation are essential, they are not the only regulatory systems used to assure quality services for children (Ford Foundation, 1989).

Various types of minimum regulations are common to all programs. These regulations include health and safety, fiscal, child-rights, and staff regulations (Costin, 1979). Many fiscal regulations are specific to given programs. For the most part, fiscal regulation is carried out by the federal or state government, although it is conceivable that other funders may also set standards as a condition of funding (Morgan, 1972). Since the 1940s, the federal government has become the chief tax collector (Children Defense Fund, 1989). Until recently, there has been a trend toward unprecedented expenditures for education. Consequently, public schools (as well as other institutions, agencies, and organizations) relied more and more federal assistance programs to supplement their local and state resources.

Federal funding is used for two purposes (DeWoody, 1995): (a) to improve the quality of education (e.g., research, experimentation, training housing, and equipping);

and (b) to encourage greater effort by state and local districts to improve the quality of education by providing initial or matching funds for a program.

The Federal Head Start program provides an excellent example of fiscal regulation (Children's Defense Fund, 1990). The Federal government, through Head Start programs, remains the primary source of support for comprehensive early childhood programs for low income children. This program is extremely prescriptive in the standards that it sets for program operation. In fact, the provision of such high standards is one of the reasons for the program's success, because when there has been a need to reauthorize funds, evidence of the results of compliance in terms of student outcomes has been most convincing (DeWoody, 1994). Several states that have recently instituted Head Start-like pre kindergarten programs are also requiring programs to meet standards often higher than their state licensing codes (Children's Defense Fund, 1989).

Federal support for social programs has declined in recent years (Greater Minneapolis Day Care Association, 1995). In dollar amounts, Federal support for child care has remained rather constant. However, the Gramm-Rudman-Holling Balanced Budget Act may result in deep cuts in federal financing (DeWoody, 1994). In the past few years, there also has been a trend toward federal "deregulation" (Olmsted & Weikart, 1989).

Block grants are considered a middle ground between the federal control of categorical grants (i.e., grants used for specified, narrowly defined purposes) and general revenue sharing (i.e., funds provided on a formula basis to state and/or local governments with few or perhaps no limits to how the money is spent (DeWoody, 1994). In block

grant, federal aid is provided for more broadly defined activities so state or local groups can have greater discretion in designing programs to meet local needs.

When government buys or creates a service through grant or contract, it can establish specifications for the quality it wishes to support. Head Start's performance standards are examples of purchase or grant specifications (Children Defense Fund,1989).

Funding requirements differ from licensing ones in several important ways. The relationship of the state to the provider is that of purchaser or grantor rather than licensor. The state can spell out a higher level of requirements as a purchase specification, as many state were already doing by using the federal standards (Morgan, 1972). The state of the art in the field serving the general public may be different from the quality of funded care. Higher funding standards can price out the general public. This results in a subsidized system that serves only the poor and another system that serves the general public (Olmsted & Weikart, 1989). Over time it would be hard to avoid a social class stigma in the subsidized system. This stigma could have a more adverse effect on quality than the positive effect of the higher standards.

In sum, fiscal regulation, although an important tool for assuring good programs for children, can not function in isolation. When higher standards are required only of public sector programs, what often results is a two-tier system of program quality. Often trapped in programs of lesser quality are those children of low-and moderate-income families who do not qualify for subsidized care and who are unable to afford other programs.

Licensing Regulations

The sixth strategy for improving the quality of child care is "licensing". The cornerstone of regulatory administration for day care is the state licensing law (Morgan, 1972).

Licensing is the procedure by which an individual, association, or corporation obtains from its state licensing agency a license to operate or continue operating a private child-care facility (Olmsted &Weikart, 1989). A private, licensed facility is recognized by the state agency as having met only minimum standards of child care; that is, a regulation reflecting the criterion of preventing harm to children rather than providing exemplary care (Sciarra & Dorsey, 1979).

Licensing of child-care facilities is the responsibility of a particular state department (Olmsted & Weikart, 1989). The major tasks of the licensing agency include (Sciarra & Dorsey, 1979): (a) interpreting the fact that child care is an activity affecting public interests and is recognized by the States as an area of regulation, (b) formulating and reformulating licensing standards which will reduce the risk of improper care, (c) evaluating each applicant's situation to decide whether or not to issue the license, and (d) supervisory activity to maintain conformity to standards and, usually, consultation to upgrade care.

Licensing provides necessary consumer protection for parents and their young children; it is not an intrusion into private family matters (Committee on Infant & Preschool Child, 1973). Regulatory laws governing day-care centers differ widely from state to state. However, some of areas covered in most licensing codes are(Steinfels, 1973): (a) licensing laws and procedure, (b) organization and administration, (c) staffing,

(d) plant and equipment, (e) health and safety, (f) program, (g) discipline, and (h) parents involvement (Morgan, 1989).

Researchers (e.g., Morgan, 1972; Sciarra & Dorsey, 1979) reported that licensing laws can be judged in terms of whether (a) standards are high or low, (b) the state code covers all forms of day care-infant/toddler programs, family day-care homes, and group day-care homes-in its code, (c) the standards are implemented fully, (d) the licensing system has a broad base of support in the state, and (e) the state has adequate numbers of trained workers in the licensing agency.

According to Morgan(1972), providers must be willing to meet standards; parents must be willing to pay for higher standards; and the general public must support enforcement. She also notes that the history, valued, and cultures of a state influence what can be done in regulatory policy and, in some states, deregulation (e.g., voluntary licensing and registration) is most attractive to policy makers. Several suggestions have been made for the improvement of programs. These include:

1. Reflect current research in developing standards. For example, group size, staff/child ratio, and staff knowledge and training were explored in the National Day Care Study (Olmsted & Weikart, 1989, pp. 384-385).
2. Increase licensing staff and have civil service requirements for licensing workers(Olmsted & Weikart, 1989, pp. 383-384).
3. Reform licensing enforcement by exploring quality indicators such as the Child Care Regulatory, Monitoring, and Evaluating System Model, developing a range of tools for enforcement and involving peers in appeals procedures (Stallings & Wilcox, 1978; Young & Nelson, 1973).

4. Provide information to each state's task force during licensing reversion (DeWoody, 1995).
5. Educate the public and especially parents in the importance of quality and on inspection and complaint-reporting mechanisms (Phillps, 1994).
6. Plan a separate state office for helping new day-care programs (DeWoody, 1994).

In sum, good programs nurture, protect, and educate young children while allowing parents to work or to participate in education or job-training programs (Ford Foundation, 1989). They provide an essential service to business and industry. Parents who know that their children are safe and well cared for are more productive workers and are less likely to be absent or tardy (Galinsky & Friedman, 1993). Communities that have taken the lead in the provision of early childhood programs find they have a powerful incentive for economic development. And, in addition to the benefits they achieve right now, good early childhood programs are also a worthwhile investment in the future. Because of their importance to society, states have a powerful incentive to assure that good programs are provided to all children (Galinsky & Friedman, 1993).

The effective licensing system is highly visible and accessible to parents as well as to providers. Such accessibility is important to assure the effectiveness of the role of licensing in consumer protection. Moreover, a highly visible system, with standards that are commonly understood, can help to increase public understanding of the components of good quality care and can act to raise the personal standards of parents seeking care (Ford Foundation, 1989).

Child Care Information and Referral

The last strategy for improving the quality of child care is "child care information and referral(CCI&R)". CCI&Rs have emerged from a completely different set of professional, consumer, and service identities (Metropolitan Life Foundation, 1984). CCI&R empowers parents with many kinds of skills by offering guidelines for choosing child care (Olmsted & Weikart, 1989). The commitment to maximizing parental choice is the foundation of most CCI&R referral policy and philosophy (Galinsky & Friedman, 1993).

Parents often have no comprehensive source of child care information. Child care providers also have difficulty responding to each inquiry. The purpose of CCI&R are:

1. To determine the kinds of child care systems functioning in a given community (Olmsted & Weikart, 1989).
2. To assess services desired by parents (Ford Foundation, 1989).
3. To use the foregoing information for long-range planning in an effort to improve the existing child are market (Children's Defense Fund, 1990).

CCI&R places more emphasis on counseling parents (DeWoody, 1994). For each type of child care option, parents are told what to look for in a provider, regulations governing programs under the carious sponsorships, and how to do an on-site visit and interview with the provider.

As parents are educated to make knowledgeable child care decisions, programs that do not meet parents' quality standards will fall by the wayside. CCI&R programs are the most logical link in the consumer education process; they hold the most promise for

affecting quality care issues (Morgan, 1994). In addition, CCI&R service performs another function. It contributes to the stability of existing child care providers through the referral function (Morgan, 1994).

In sum, many CCI&R programs provide a wide range of parent support and services, including parent peer support groups, employment and housing referrals, toy-making workshops, publications on choosing child care, and parent education classes.

Summary

In conclusion, there are a number of strategies for improving the quality of child care. First, supporting low-income children and families helps to increase the level of quality in child care centers. As an example, a recent study (e.g., Children's Defense Fund, 1991) showed that even strong family circumstances could not buffer a child from the impact of low-quality child care. Therefore, it is critical to expand the programs such as Head Star programs and pass legislation such as the Family Support Act(FSA) for providing low-income children and families with the quality of child care. Head Start program for low-income families offers comprehensive services including health, education, social services, and parents involvement to more than 11 million poor children and their families.

Second, in-service and pre-service training makes caregivers more competent and helps to upgrade their qualification in their centers. States tend to have two basic types of educational requirements for staff in child care centers; education prior to employment(pre-service) and ongoing training (in-service). In addition, many states recognized the CDA credential, which is a national competency-based credential that usually involves a

training program and a competency assessment. Since staff who are trained in early childhood education are more competent as caregivers, CDA programs are good approaches for improving child care quality and assisting parents in obtaining quality care that is affordable.

Third, program accreditation helps to improve the quality of child care and education provided for young children in group programs. NAEYC's accreditation achieves this goal by establishing a uniform, national standard for quality of services for children and families and providing a system for recognizing programs that substantially comply with those standards.

Fourth, fiscal regulation is also beneficial for improving the quality if child care. Early childhood programs receive funds from local, state, and federal resources, as well as from foundations, fees and tuition, and miscellaneous sources. Various fiscal regulations govern: (a) a program's eligibility to receive revenue from a source such as the federal government, (b) procedures for obtaining revenue, (c) use made of the revenue, and (d) personnel that are accountable for the expenditure.

Fifth, "licensing" is a minimal quality regulation for improving the quality of child care. State licensing of child care centers has the potential to regulate group size, physical space and more importantly, staff qualifications. The state regulations can help to implement incentives of care mobility and create training programs in rural and remote areas.

As a final note, CCI&R helps parents shorten their search time for care and become wiser consumers of the care they purchase. It provided parents with comprehensive source of child care information. As a result of this, parents in CCI&R

became more competent in considering the quality of child care in terms of affordability and availability. CCI&R especially encouraged parent's involvement by placing more emphasis on counseling parents.

In sum, all six strategies are an attempt to improve the quality of child care. The quality of early childhood services is clearly related to the staffing issues (i.e., salaries, qualifications). However, there are additional issues related to quality that need to be addressed. Research needs to continue on "quality" services and the specification of dimensions of quality for different types of settings and different groups of children. In addition, it is essential to determine the best public policies and systems for developing and maintaining high-quality child care services. The next chapter is dedicated to making recommendations for increasing the quality in center-based child care and concluding remarks.

Chapter 4

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The crisis in day care has now become a national concern as more and more working women are in need of affordable out-of-home care. Economic and social changes are the character of family life. The traditional pattern of the husband as the only breadwinner and the wife as the homemaker and child rearer has given new forms of family life. More and more children are being cared for by others as parents work. The demand for day care has begun to far outstrip the supply. Parents are often forced to resort to unsatisfactory arrangements for their children's care because quality day care is not affordable. Even mothers who have good-paying jobs or have entered well-paying professions are frustrated by the difficulty in finding facilities that are of high quality where they can rest assured that their children will receive excellent care. In context above, the purpose of this paper is: (a) to identify and examine essential components of quality child care, (b) to develop various professional strategies for improving the quality if child care, and (c) to discuss social policies and issues regarding the quality child care.

It is obvious that the child care is related to a number of problems. First, one of major problems that working parents face is finding affordable care.

Second, the lack of available child care for American families is a critical issue. Although there are different types of day care nationwide, not all are available to every family. Each family has to make do with what it can find in its community, within its budget, fitting its schedule, and open to the particular child. Parents must find a

satisfactory day care arrangement that meets their particular needs, and they do not have a full range of options from which to choose. The most affluent families can afford excellent care and are more likely to find it. The poorest families are eligible for the few slots in government-supported centers. But all the families in between-the vast majority-can neither afford nor find care of such high quality (Children's Defense Fund, 1990).

Third, the problem of quality child care is clearly related to the staffing issues (i.e., salary, qualification, and turnover). Better outcomes for children are related both to the training of the caregiver and to the stability of the child-caregiver relationship.

Training in child development promotes more appropriate interactions between caregiver and child that, in turn, contribute to the child's language and cognitive development. Although stability of relationships is important, turn over among child care workers tends to be very high.

Staff-turnover is negatively related to the quality of child care: the more staff changes the worse for the program-and the children. Low salaries, lack of benefits, and the absence of a clear career path are often cited as leading factors in the high turnover. It is believed that strategies should be developed at the federal and state levels to improve the compensation and training of child caregivers and other child care workers to reduce the high turnover among staff.

Fourth, the lack of government support for day care represents a shortsighted view of the importance of quality child care. Traditionally, the rearing and care of children has been considered a private rather than a public responsibility. Government funding and regulation is still considered by many to be unnecessary interference in matters that are best left to parents rather than controlled by a federal or local system. Consequently, little

efforts has been made by government agencies to control the quality of child care, and the amount of funds expended to provide day care for poor families is far from adequate to meet the need. Clearly, there is a vacuum of leadership at the national level that impedes progress in developing social day-care policies and programs. However, it is crucial to develop a sound social policy that provides quality child care services.

Finally, there is a lack of public awareness about the importance of child care. Day care has never been viewed as a right of children or a need of working parents. It has not been considered an important component of children's long term development or a critical contributor to their well-being. It is essential to overcome the public ignorance of child care in developing a coherent child care system among parents, educator, employers, and the larger community toward the quality of child care.

In sum, all these problems presented above have held back the quality child care provision. In the next section, based on previous research studies examined in the paper, several recommendations will be addressed as an effort to search for guidelines for improving the quality of the child care.

Recommendations

In general, the long-range objective of child care should be to improve the coherent child care system so that all parents who want to work outside the home have access to affordable, quality child care. It is believed that the recommendations discussed in this section should receive high priority and be addressed as soon as feasible. More specific recommendations are made in the following paragraphs.

First, the federal government should continue to increase financial subsidies for low-income families. Federal child care subsidies should be distributed more equitably to provide a greater portion of financial assistance to low-income, rather than higher income, families. The access of low-income families to full-day high-quality child care should be improved by expanding Head Start programs and by coordinating Head Start programs with the Family Support Act child care programs.

Second, upgrading the compensation and training of child care staff is a critical issue in improving the quality of child care. The quality of the relationship between the child and the caregiver is the most important determinant of how well a child grows in child care. Appropriate in-service and pre-service training of caregivers has a positive effect on that relationship. The very low level of child care wages, on the other hand, results in high turnover, compromising the child-caregiver relationship and reducing the reliability of services for parents. Therefore, Federal government should provide funds to train child care staffs and develop ways to upgrade salaries and working conditions for the lowest-paid child care staffs.

Third, it is recommended that states and localities develop standards for the quality of child care. The majority of children in care are unprotected by state regulations because the majority of providers are exempt from whatever regulations do exist.

Federal regulations and requirements are designed to protect children from negative environments and to set standards that guarantee positive benefits for children in day care. The enforcement of existing regulations should be strengthened not only through performance standards, but also with active technical assistance to help providers improve the quality of child care. In addition, in developing standards at the state or local

level, it is important to recognize that different communities have very different cultures, resources, and needs with respect to the child care.

Finally, there should be the expansion of resource and referral services. The resource and referral service (R&R) is one of the most important ways to provide parents with information and assistance in locating quality child care. R&R can also act as networks for child care providers to coordinate training opportunities and provide professional resources. Resource and referral networks could play a critical role in improving the operation of child-care market and facilities by promoting more informed decision making among parents and building the supply of quality family day care providers. It is important that R&R provides substantive information about program quality and have the authority to make this information available to parents.

In conclusion, the quality of child care can be achieved with the help of coordinated efforts among parents, child care staff, society, and government. The following five items should be kept in the center of public attention in developing a sound social policy for quality child care:

1. Increasing financial subsidies for low-income families who need child-care coverage and who get no or inadequate help from tax credits.
2. Determining the minimum standards for child care facilities that can be regulated and monitored.
3. Supporting parental information services about quality child care through expansion of the mission of resource and referral networks.
4. Providing funds to train child care staff and developing ways to upgrade salaries and working conditions for the lowest-paid child care staff.

5. Investment in research, demonstrations and innovation to improve content and methods in the quality of child care.

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